

TOWN OF EASTON
DEPARTMENT OF PUBLIC WORKS
A DRUG FREE WORKPLACE
APPLICATION FOR EMPLOYMENT

IT IS THE CHOICE OF THE APPLICANT WHETHER OR NOT TO ANSWER ANY QUESTIONS HE/SHE DEEMS OF TOO PERSONAL A NATURE.

PERSONAL INFORMATION: DATE _____ CITIZEN OF U.S. _____

NAME _____ PHONE NO. _____

 LAST FIRST MIDDLE

CELL NO. _____

PRESENT ADDRESS _____

 STREET CITY/STATE ZIP

PERMANENT ADDRESS _____

 STREET CITY/STATE ZIP

IF RELATED TO ANYONE IN OUR EMPLOY,
STATE NAME AND DEPARTMENT REFERRED
BY: _____

EMPLOYMENT DESIRED: DATE YOU DESIRED
POSITION _____ CAN START _____ SALARY _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER? _____

EVER APPLIED HERE BEFORE: _____ WHEN? _____

EDUCATION	SCHOOL NAME/LOCATION	YEARS ATTENDED	YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
TRADE OF BUSINESS SCHOOL				
COLLEGE				

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR IN THE LAST FIVE (5) YEARS? Y ___ N ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? Y ___ N ___

If Yes, list convictions, on separate piece of paper, that are a matter of public record (arrests are not convictions).

A conviction will not necessarily disqualify you for employment.

SKILLS: ANY SPECIAL SKILLS (RELATED TO JOB): _____

DRIVERS LICENSE NO. _____ CDL - Y N, ENDORSEMENTS: _____
CLASS _____ RESTRICTIONS: _____

US MILITARY OR PRESENT MEMBERSHIP IN
NAVAL SERVICE NATIONAL GUARD OR RESERVES _____

PAST EMPLOYERS: LIST LAST 3 EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

REFERENCES: 3 PERSONS NOT RELATED TO YOU, KNOWN AT LEAST 5 YEARS

NAME	ADDRESS	BUSINESS	YEARS KNOWN

GENERAL

ARE YOU ABLE TO PERFORM THESE TASKS WITH OR WITHOUT ACCOMMODATIONS? Y N
IF NO, HOW WOULD YOU PERFORM TASKS AND WITH WHAT ACCOMMODATIONS?

IN CASE OF

EMERGENCY NOTIFY: _____

NAME

ADDRESS

PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I UNDERSTAND THAT A PRE-EMPLOYMENT DRUG TEST WILL BE DONE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

INTERVIEWED BY: _____

START DATE _____ PAY RATE: _____

Appendix A – To Application

On this sheet, please list details in each of the trades listed below:
(Use back of sheet if necessary.)

ELECTRICAL:

Education:

Experience:

Any Certification/Licenses?

PLUMBING:

Education:

Experience:

Any Certification/Licenses?

HEATING, VENTILATION, & AIR CONDITIONING – (HVAC):

Education:

Experience:

Any Certification/Licenses?

CARPENTRY:

Education:

Experience:

Applicant: _____

LIST OF EQUIPMENT THAT I HAVE OPERATED FOR MORE THAN 100 HOURS:

[illegible]

Emp/Equip/100hrs.